

**BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
DIVISION OF INTELLECTUAL/DEVELOPMENTAL DISABILITIES
SPECIALIZED FUNDS POLICY**

Effective Date: July 1, 2018

Intellectual/Developmental Disabilities (I/DD) Wait List Support Grant

PURPOSE

The purpose of the I/DD Wait List Support Grant is to provide needed services/supports, on an interim basis, to individuals who are awaiting access to a WV I/DD Waiver slot. These services are designed to meet some of the applicant's needs while they await access to the full menu of services provided by the I/DD Waiver.

ELIGIBILITY

This grant targets individuals who have been approved for, but have not been allocated a slot in, the WV I/DD Waiver program. The use of grant funding will provide access to services such as Respite, Supported Employment, Facility Based Day Habilitation, and Behavior Support Professional because they are the supports most frequently requested by individuals and their families. To be eligible for participation in this program, an individual must be:

- On the WV I/DD Waiver wait list;
- Living in a natural family home setting;
- A citizen of the State of West Virginia; and
- Applying for the Aged and Disabled Waiver (A&D) (if over 18 years of age) and Personal Care services as offered through the State Medicaid Plan.
- Applying for Supported Employment through Department of Rehabilitation Services to be eligible for Supported Employment

FISCAL GUIDELINES

This grant will serve a finite number of applicants from the above identified population. The actual number of awards will be solely based upon the State's current fiscal year funding. All grant approved supports/services will be reimbursed at the current WV I/DD rate scale. If an applicant is awarded services through the Aged and Disabled Waiver/Personal Care Services, Respite Services of the Support Grant will be terminated within fifteen (15) days of receipt of these new services. I/DD Division will review utilization of grant dollars on a monthly basis and will contact the service agencies whose grants are not being utilized. **Invoices must be submitted to the Bureau for Behavioral Health and Health Facilities (BBHFF) within twenty-one (21) days of the following month. Invoices will not be paid and will be considered null and void if submitted after the 21st day of the following month.** If the grant is not used within ninety (90) days of approval the grant can be terminated, and this money will be reallocated.

GRANT AWARDS

Grants will be awarded on a first-come, first-serve basis. An application may be made for more than one service category with the exception of Day Services and Respite. Day Services and Respite cannot be combined with each other. Grant amounts will be awarded on the Fiscal Year quarterly basis, (July-September, October-December, January-

March, and April-June) based upon the date of grant approval. The following outlines the grant award categories and totals available, per service category, based on a fiscal quarter-use with the exception of Behavior Support Professional (Plan) and Environmental Accessibility Adaptation, which are annual CAPS. Based on number of individuals, usage, and available funds, BBHFF has the right to adjust the amount of services being approved.

Service Option 1: Day Habilitation Services

*Individuals who access this service must make application with DRS for Supported Employment within 90 days. Verification must be submitted within 120 days of application. If approved, DRS funds will be exhausted prior to receiving Service Option 1a. Provider Agency must submit goals and objectives with initial application for fiscal year and progress summary towards work related goals and objectives and any changes in treatment on a quarterly basis. Individuals who receive **Respite services** are not eligible for this service.*

Day Habilitation Services are divided into 3 areas. *Supported Employment, Prevocational and Facility Day Habilitation Services.*

1. *At least 20% of services must be Prevocational and or Supported Employment. (DRS funded Supported Employment or Competitive Employment with natural supports will be considered in meeting this requirement.) **Effective October 1, 2016***
2. *Provider Agency must submit goals, objectives with initial application for fiscal year and progress summary towards work related goals and objectives and any changes in treatment on a quarterly basis. For Sheltered Workshops, agencies will submit goals, objectives and time study with initial application, and progress summary and changes in treatment on a quarterly basis*
3. *Service Coordination is available up to 6 units per quarter to complete quarterly reviews of services and the six month review of the treatment plan = **\$58.20/maximum.***
4. *Behavioral Support Professional I Day Services (formally Therapeutic Consultant) is available up to 24 units per quarter to include program development, staff training and program review = **\$249.84 /maximum.***
5. *Transportation is available up to 900 miles per quarter year and/or trip allowance to cover transportation to and from the facility day program = **\$486.00/maximum.***
6. *Prevocational Services/Facility Day Habilitation Services/Supported Employment: Direct Care Support Services is available up to **936 units combined.***

Service Option 1A: Supported Employment

Individuals who access this service must make application with DRS for Supported Employment. Verification must be submitted with application. If approved, DRS funds will be exhausted prior to receiving Service Option 1a. Agencies will submit quarterly reports to include number of hours worked, hourly wage, total wage earned. Provider Agency must submit goals, objectives with initial application for fiscal year and progress summary towards work related goals and objectives and any changes in treatment on a quarterly basis. For Sheltered Workshops, agencies will submit goals, objectives and time study with initial application, and progress summary and changes in treatment on a quarterly basis

1. *Direct Care Supports is available at the ratio of 1:1 or group and available up to 768 units per quarter = **\$3847.68***

Service Option 1B: Prevocational Services

Individuals who access this service, Provider must submit work/job related goals, objectives with initial application for fiscal year and progress summary towards work related goals and objectives and any changes in treatment on quarterly basis. For Sheltered Workshops, agencies must submit goals, objectives and time study with initial application and progress summary and changes in treatment on a quarterly basis

1. *Facility-Based Direct Supports is available at the ratio of 1:3-4 or 1:5-6 and available up to 936 units per quarter = **\$1,993.68***

Service Option 1C: Facility Day Habilitation Services

Individuals who access this service, Provider must submit goals, objectives with initial application for fiscal year and progress summary towards work related goals and objectives and any changes in treatment on quarterly basis. Only 80% maximum of Day Habilitation Services (Direct Care) units can be used for Facility Day Habilitation Services

- 1. Facility-Based Direct Supports is available at the ratio of 1:3-4 or 1:5-6 and available up to 936 units per quarter = **\$1,993.68**

Service Option 2: Respite Services

Maximum quarterly award: \$1,972.34

Individuals who receive **Service Option 1 Day Habilitation Services, A & D Waiver and/or Personal Care** are not eligible for this service

- 1. Service Coordination is available up to **5** units per quarter to complete quarterly reviews of services and the six-month review of the treatment plan = **\$48.50 /maximum.**
- 2. Respite is available at the ratio of 1:1, 1:2 or 1:3, and available up to **384** units (96 hours) per quarter = **\$1,923.84 /maximum.**

Service Option 3: Behavioral Support Professional I (PLAN)

Maximum annual award: \$1,249.20

Individuals who access this service must have one or more target behavior that needs to be addressed in a behavioral protocol or positive behavior support plan. *This service will not be prorated. Provider must meet the criteria of the Title XIX I/DD Waiver. Certification of individual provider of service must be submitted with application.

- 1. This service is available up to **120** units (30 hours) per year to individuals with identified maladaptive behaviors and documented social behavior skills deficits.
- 2. Individual must currently exhibit maladaptive behaviors so severe that the adaptive functioning and ability to receive training is limited or impossible unless maladaptive behaviors are reduced or eliminated.
- 3. Individual must have identified behaviors on the IPP that require tracking of behavioral data for the functional assessment.
- 4. Individual must have a functional assessment that outlines one or more specific target behaviors that are currently or will be addressed in a behavioral protocol or a positive behavior support plan.

Service Option 4: Environmental Accessibility Adaptations

Maximum annual award: \$1,000.00*

Item/service must not be covered by other sources such as Family Support, Medicaid or other, and must fall under the current WV I/DD Waiver guidelines. *This service will not be prorated.

APPLICATION

The Support Grant application must be completed and submitted along with the Individual Program Plan (IPP), which addresses the needs for the requested service categories, and the letter confirming that the applicant has been added to the WV I/DD Waiver wait list. Each requested service option must specifically address reasons for the service and accurate time tables for these services (e.g., if applying October 12, 20XX your service time table would be October 1, 20xx – June 30, XX).

***Re Application.** *For individuals currently approved and receiving services, their next quarterly request must be submitted 15 -30 days prior to the next FY quarter to continue services (current fiscal year only). The application, including the IPP must be submitted for each quarter for continued service.*

Application is forwarded to the Bureau for of Health and Health Facilities by mail, email or fax.

Mail: WV Department of Health & Human Resources, Bureau for Behavioral Health & Health Facilities, Division of Intellectual/Developmental Disabilities, *ATTENTION:* I/DD Division Wait List Support Funds, 350 Capitol Street, Room 350, Charleston, WV 25301-3702

Fax: Division of Intellectual/Developmental Disabilities, *ATTENTION:* I/DD Division Wait List Support Funds; 304-558-0161

DOCUMENTATION REQUIREMENTS

Examples of other documentation which should be developed and maintained in the applicant's file:

- Therapeutic Consultant assessments, as applicable
- Functional assessments, data collection, as applicable
- Individual Support Plans, Behavioral Support Plans and other programs, as applicable

FUND DISBURSEMENT

Payment will be made to the agency submitting the application on behalf of the applicant via the State of West Virginia OASIS. Each agency who is a vendor with the Bureau for Behavioral Health and Health Facilities has an official vendor name, address and vendor number on file with OASIS. Payment will be made to the agency according to arrangements made with OASIS. This grant is based upon the availability of State funds, which are designated on a fiscal basis (July 1 – June 30).

I/DD Wait List Support Grant Application

Applicant Name:

Date of Birth:

Address:

Date placed on Title XIX Wait List:

Phone:

Please do not submit this application until these services have been pursued:

Does applicant (if over 18 years of age) qualify for Aged and Disabled Waiver? Yes No

If yes,

Has application been submitted for A & D Waiver? Yes No

Is applicant on the A & D Waiver wait list? Yes No

Is applicant receiving A & D Waiver? Yes No

Does applicant qualify for Personal Care Services (State Plan)? Yes No

If yes,

Has application been submitted for Personal Care? Yes No

For Facility Day Habilitation/Supported Employment

Has application been submitted to DRS for Supported Employment? Yes No

What Support Grant services are you applying for?

Service Option 1: Day Services Yes No

Option 1 A Supported Employment Yes No

Option 1 B Prevocational Services Yes No

Option 1 C Facility Day Habilitation Services Yes No

Service Option 2: Respite Services Yes No

Service Option 3: Behavior Support Professional (Plan) Yes No

No

Service Option 4: Environmental Accessibility Adaptations Yes No

Provider Agency/Contact Person:

Phone:

Provider Address:

Fax:

Email:

Attach a Copy of the INDIVIDUAL SUPPORT PLAN identifying the support/ services and proposed outcome(s).
The ISP *must* include the types of services to be provided, the amount of each service that is being requested and the provider of each service. If the provider of service is different than the Service Coordination Agency, a representative of the other Agency (ies) must sign the Individual Support Plan.

